

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2014		
Mailing Address PO Box 388			Amount 1031.95		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Ernst-Online Processing		Category/Type		Transaction ID : E4A945C08B53D4DA08D8 Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2014	
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Allegiance Direct LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2014		
Mailing Address 421 E E St			Amount 24250.34		
City Purcellville		State VA	Zip Code 20132-3320		
Purpose of Expenditure IE-Ernst-Direct Mail Production		Category/Type		Transaction ID : EA4F60CF508384AD0ACC Date of Disbursement or Obligation MM / DD / YYYY 05 / 01 / 2014	
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25282.29		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			25282.29		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Paul Kilgore		[Electronically Filed]		Date MM / DD / YYYY 05 / 01 / 2014	